

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE COMMONWEALTH OF PENNSYLVANIA
OBSTETRICAL PRACTITIONER SERVICES

Maternity Care and Delivery

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>MA FEE</u>	1992-93 Average Amount Paid
<u>Incision</u>			
59000	Amniocentesis, any method	50.00	49.96
59012	Cordocentesis (intrauterine), any method	50.00	50.00
59015	Chorionic villus sampling, any method	35.00	59.00
59020	Fetal contraction stress test	30.50	30.87
59025	Fetal non-stress test	17.50	17.53
59030	Fetal scalp blood sampling	-	-
59050	Initiation and/or supervision or internal fetal monitoring during labor by consultant with report (separate procedure)	-	-
59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)	409.50	340.00
<u>Excision</u>			
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	439.50	337.82
59121	tubal or ovarian, without salpingectomy and/or oophorectomy	511.00	328.19
59130	abdominal pregnancy	409.50	301.23
59135	interstitial, uterine pregnancy requiring total hysterectomy	473.50	473.50
59136	interstitial, uterine pregnancy with partial resection of uterus	473.50	94.70
59140	cervical, with evacuation	265.00	190.81
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	409.50	333.19
59151	with salpingectomy and/or oophorectomy	511.00	400.45
59160	Curettage, postpartum (separate procedure)	160.00	271.90
<u>Introduction</u>			
59200	Insertion of cervical dilator	-	-
<u>Repair</u>			
59300	Episiotomy or vaginal repair, by other than attending physician	148.00	136.00
59320	Cerclage or cervix, during pregnancy; vaginal	193.00	266.25
59325	abdominal	193.00	129.50
59350	Hysterorrhaphy of reaptured uterus	448.00	246.19

- = Noncovered

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OBSTETRICAL PRACTITIONER SERVICES

Maternity Care and Delivery

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>MA FEE</u>	<u>1992-93 Average Amount Paid</u>
Delivery, Antepartum and Postpartum Care			
59400	Routine obstetric care including antepartum care, Vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	-	-
59410	Vaginal delivery only (with or without episiotomy and/or forceps) including postpartum care	800.00	791.53
59412	External cephalic version, with or without tocolysis	-	-
59414	Delivery of placenta (separate procedure)	126.00	84.45
59430	Postpartum care only (separate procedure)	-	-

Cesarean Delivery

59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	-	-
59515	Cesarean delivery only including postpartum care	800.00	791.60
59525	Subtotal or total hysterectomy after cesarean delivery	307.50	133.25

Abortion

59812	Treatment of spontaneous abortion, any trimester, completed surgically	181.50	181.50
59820	Treatment of missed abortion, completed surgically; first trimester	194.00	194.00
59821	Second trimester	231.00	231.00
59830	Treatment of septic abortion, completed surgically	173.00	173.00
59840	Induced abortion, by dilation and curettage	81.50	136.78
59841	Induced abortion, by dilation and evacuation	306.00	300.26
59850	Induced abortion, by one or more intra-amniotic injections	246.00	-
59851	With dilation and curettage and/or evacuation	246.00	-
59852	With hysterotomy (failed intra-amniotic injection)	246.00	-

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STATE PLAN UNDER TITLE XVI OF THE SOCIAL SECURITY ACT
STATE COMMONWEALTH OF PENNSYLVANIA
PEDIATRIC PRACTITIONER SERVICES

Evaluation and Management

		1992-93	
		MA FEE	Average Amount Paid
<u>Office or Outpatient or Other Ambulatory Facility (Visit)</u>			
<u>New Patient</u>			
99201	Physicians typically spend 10 minutes	20.00	19.97
99202	Physicians typically spend 20 minutes	20.00	20.00
99203	Physicians typically spend 30 minutes	20.00	19.88
99204	Physicians typically spend 45 minutes	20.00	20.00
99205	Physicians typically spend 60 minutes	30.00	29.82
1 per recipient, per provider, per lifetime			
<u>Established Patient</u>			
99211	Typically 5 minutes are spent supervising or performing these services	20.00	19.45
99212	Physicians typically spend 10 minutes	20.00	19.94
99213	Physicians typically spend 15 minutes	20.00	20.00
99214	Physicians typically spend 25 minutes	20.00	19.99
99215	Physicians typically spend 40 minutes	20.00	19.98
<u>Office or Other Outpatient Consultations</u>			
<u>New or Established Patient</u>			
99241	Physicians typically spend 15 minutes	30.00	29.26
99242	Physicians typically spend 30 minutes	30.00	29.52
99243	Physicians typically spend 40 minutes	30.00	29.98
99244	Physicians typically spend 60 minutes	49.00	48.80
99245	Physicians typically spend 80 minutes	49.00	49.11
<u>Confirmatory Consultations</u>			
<u>New or Established Patient</u>			
99271	Usually the presenting problem(s) are self limited or minor	30.00	30.42
99272	Usually the presenting problem(s) are of low severity	30.00	30.40
99273	Usually the presenting problem(s) are of moderate severity	30.00	30.00
99274	Usually the presenting problem(s) are of moderate to high severity	30.00	48.63
99275	Usually the presenting problem(s) are of moderate to high severity	49.00	49.00
<u>Home Services</u>			
<u>New Patient</u>			
99341	Usually the presenting problem(s) are of low severity	21.00 26.00 (OB)	21.00
99342	Usually the presenting problem(s) are of moderate severity	21.00 26.00 (OB)	21.00

Payment rate is the same for General Practitioners, Family Practitioners and pediatricians.

Pennsylvania reimbursement system is fee-for-service. The fees listed on Supplement 11, Attachment 4.19B, represent the average payment regardless of Metropolitan Statistical Area (MSA) or similar area or any other geographical designation.

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PEDIATRIC PRACTITIONER SERVICES

1993-94
Average
Amount

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>MA FEE</u>	<u>Paid</u>
99343	Usually the presenting problem(s) are of high severity	21.00 26.00 (OB)	21.00
Established Patient			
99351	Usually the patient is stable, recovering or improving	21.00 26.00 (OB)	20.98
99352	Usually the patient is responding inadequately to therapy or has developed a minor complication	21.00 26.00 (OB)	21.00
99353	Usually the patient is unstable or has developed a significant complication or a significant new problem	21.00	21.00
Case Management Services			
Team Conferences			
99361	Approximately 30 minutes	-	-
99362	Approximately 60 minutes	-	-
Telephone Calls			
99371	Simple or brief	-	-
99372	Intermediate	-	-
99373	Complex or lengthy	-	-
Preventive Medicine Services			
New Patient			
99391	Initial evaluation and management of a healthy individual requiring a comprehensive history, a comprehensive examination, the identification of risk factors, and the ordering of appropriate laboratory/diagnostic procedures; new patient; infant (age under 1 year)	20.00	20.00
99392	Early childhood (age 1 through 4 years)	20.00	20.00
99393	Late childhood (age 5 through 11 years)	20.00	20.00
99394	Adolescent (age 12 through 17 years)	20.00	20.00
Counseling and/or Risk Factor Reduction Intervention			
New or Established Patient			
Preventive Medicine, Individual Counseling			
99401	Counseling and/or risk factor reduction intervention(s) provided to a healthy individual; approximately 15 minutes	-	-

Case management as defined under Section 1905(a)(19) is a covered service for individuals under 21 years of age.

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PEDIATRIC PRACTITIONER SERVICES

		1993-94 Average Amount	
Procedure Code	Procedure Description	MA FEE	Paid
99402	approximately 30 minutes	-	-
99403	approximately 45 minutes	-	-
99404	approximately 60 minutes	-	-
Preventive Medicine, Group Counseling			
99411	Counseling and/or risk factor reeducation intervention(s) provided to healthy individuals in a group setting; approximately 30 minutes	-	-
99412	Approximately 60 minutes	-	-
Other Preventive Medicine Services			
99420	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	-	-
99429	Unlisted preventive medicine service	-	-
Newborn Care			
99432	Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s)	-	-
Immunizations			
90701	Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DTP)	5.00	5.00
90702	diphtheria and tetanus toxoids (DT)	5.00	4.94
90703	tetanus toxoid	5.00	4.99
90704	mumps virus vaccine, live	5.00	5.00
90705	measles virus vaccine, live	5.00	5.00
90706	rubella virus vaccine, live	5.00	5.00
90707	measles, mumps and rubella virus vaccine, live	5.00	5.00
90708	measles and rubella virus vaccine, live	5.00	5.00
90709	rubella and mumps virus vaccine, live	5.00	5.00
90712	poliovirus vaccine, live, oral (any type(s))	5.00	5.00
90713	poliomyelitis vaccine	5.00	5.00
90714	typhoid vaccine	5.00	5.00
90717	yellow fever vaccine	5.00	2.50
90718	tetanus and diphtheria toxoids absorbed	5.00	4.93
90719	diphtheria toxoid	5.00	4.99
90724	influenza virus vaccine	5.00	4.99
90725	cholera vaccine	5.00	5.00
90726	rabies vaccine	5.00	5.00

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PEDIATRIC PRACTITIONER SERVICES

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>MA FEE</u>	1992-93 <u>Average</u> <u>Amount</u> <u>Paid</u>
90727	plaque vaccine	5.00	5.00
90728	BGC vaccine	5.00	5.00
90731	hepatitis B vaccine	5.00	5.00
90732	pneumococcal vaccine, polyvalent	5.00	5.00
90733	meningococcal polysaccharide vaccine (any group(s))	5.00	5.00
90737	hemophilus influenza B	5.00	5.00
90741	Immunization, passive; immune serum globulin, human (ISG)	5.00	5.00
90742	Specific hyperimmune serum globulin (eg, hepatitis B, measles, pertussis, rabies, Rho(D), tetanus, vaccinia, varicella-zoster)	5.00	4.99

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Maximum Medicaid Payment Rates for
Listed Practitioner Obstetrical Services

1992-93

Average
Amount
Paid

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>MA Fee</u>	
HEALTHY BEGINNINGS PLUS PROGRAM			
W5950	Healthy Beginnings Plus Intake Package	\$175.00	\$ 174.84
W5951	First Trimester Basic Maternity Care Package	\$76.00	75.81
W5952	Second Trimester Basic Maternity Care Package	\$138.00	137.72
W5953	Third Trimester Basic Maternity Care Package	\$961.00	1,227.98
W5957	Comprehensive Childbirth preparation (OR)	\$60.00	57.57
W5958	Childbirth Preparation Review	\$20.00	19.90
W5954	First Trimester High Risk Maternity Care Package	\$114.00	113.33
W5955	Second Trimester High Risk Maternity Care Package	\$252.00	251.00
W5956	Third Trimester High Risk Maternity Care Package	\$1,151.00	1,430.82
W5968	Outreach Visit	\$45.00	44.97
W5974	Home Assessment/Client Education	\$69.00	84.43
W5966	Obstetrical Home Care	\$120.00	118.75
W5960	Prenatal Home Nursing Care	\$69.00	75.97
W5961	Outreach Bonus for First Trimester Recruitment	\$100.00	99.93
W5972	Home Health Aide Care	\$45.00	44.82
W5971	Homemaker Service (Prior approval required)	\$40.00 PA	96.81
W5970	Psychosocial Counseling	\$15.00	29.65
W5962	Nutrition Counseling	\$15.00	21.38
W5963	Smoking (Tobacco) Cessation Counseling	\$15.00	15.58
W5964	Substance Abuse Problem Identification and Referral Counseling	\$25.00	\$ 30.10
W5965	Genetic Risk Assessment, Information and Referral Counseling	\$60.00	60.32
W5967	Parenting Program	\$30.00	29.89
W5973	Prenatal Exercise Series	\$65.00	60.89
W5969	Urgent Transportation Only (car)	.22 mile	.28
W5981	Urgent Transportation Only (public carrier)	*	3.96
W5982	Mileage, Additional Allowance for Home Visits	.10 mile	1.34
W5975	First Trimester, Basic Maternity Care, Visit	\$23.00	24.73
W5976	First Trimester, High Risk Maternity Care, Visit	\$23.00	24.65
W5977	Second Trimester, Basic Maternity Care, Visit	\$23.00	24.69
W5978	Second Trimester, High Risk Maternity Care, Visit	\$23.00	24.83
W5979	Third Trimester, Basic Maternity Care, Visit	\$23.00	24.78
W5980	Third Trimester, High Risk Maternity Care, Visit	\$23.00	24.73
W5983	Basic Third Trimester Package - delivery not performed by designated HBP provider	\$175.00	457.00
W5984	High Risk Third Trimester Package - delivery not performed by designated HBP provider	\$250.00	524.93
W5985	Second Trimester Delivery - delivery not performed by designated HBP provider	\$1130.00	1,351.26

* Payment is the actual cost of public transportation which can be by bus, subway or taxi; therefore, the fee is dependent upon the type of transit service.

NC = noncovered

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Maximum Medicaid Payment Rates for
Listed Practitioner Pediatric Services

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) VISITS

Procedure Code	Procedure Description	Maximum Payment	1992-93
			Average Amount Paid
		2/1/92	
W0085	EPSDT - Screen, Birth through 18 months - 8 visits	\$65.00	64.83
W0086	EPSDT - Screen, 19 months to 21 years of age - 8 visits	\$65.00	64.71
	Note: Children 14 years of age to 21 years of age who have had 16 screens (any combination of procedure codes W0085 and W0086) may have a maximum of four (4) additional visits of any combination of procedure codes W0090-W0094.		
W0090	EPSDT - Screen - Physician	\$65.00	
W0091	EPSDT - Screen - Independent clinic	\$65.00	
W0092	EPSDT - Screen - Basic Hospital clinic	\$65.00	
W0093	EPSDT - Screen - Hospital Outpatient clinic	\$65.00	
	(Enrollment approval required)		
W0094	EPSDT - Screen - Rural Health Clinic	*	49.17
CASE MANAGEMENT			
W0052	Case Management - (1 unit = 15 minutes)	\$ 7.50/unit	-

* Rural Health Clinics are paid at the rate established by Medicare and are provider specific.

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Adequacy of Access

Obstetrical Standards

A. Practitioner Participation

Refer to the attached list of general practice physicians' and obstetricians/gynecologists' participation for 1992.

At this time, there are no participating obstetricians in Perry County. Recipients have access to care from obstetricians in neighboring counties, Cumberland and Dauphin.

Pediatric Standards

A. Practitioner Participation

Refer to the attached list of general practice physicians' and pediatricians' participation for 1992.

Obstetrical/Pediatric Standards

A. Other obstetrical and pediatric providers and practitioner participation

Refer to the attached list of independent medical clinics, Federally Qualified Health Centers, Rural Health Clinics, Healthy Beginnings Plus providers, midwives and certified registered nurse practitioners. In addition, enrolled hospital outpatient clinics provide obstetrical/pediatric services.

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CD.	NO.	TOTAL LICENSED OB+MIDWIVES+ CRNPS+FPS	TOTAL PARTICIPATING OB+MIDWIVES+ CRNPS+FPS	PERCENTAGE	TOTAL LICENSED PED+FP+CRNP	TOTAL PARTICIPATING PED+FP+CRNP	PERCENTAGE
ms	01	11	7	.62	37.8	35	.92
egheny	02	419.8	233	.55	1,058.3	798	.75
strong	03	6	6	1.00	24.9	22	.88
ver	04	27.5	20	.72	92.7	66	.67
ford	05	4	2	.50	15.1	13	.86
ks	06	69	51	.73	198.2	189	.82
ir	07	35	22	.63	92.3	77	.83
dford	08	13	9	.69	25.5	24	.94
ks	09	121.6	53	.44	355.6	261	.73
ler	10	15.8	8	.51	29.8	24	.86
bria	11	28.6	15	.53	94.6	91	.86
don	13	7	4	.57	21.4	20	.93
tre	14	20	14	.70	52.5	42	.80
ster	15	81.4	42	.52	236.6	168	.71
rion	16	4.7	2	.43	23.4	22	.94
arfield	17	7	5	.71	27.3	25	.91
nton	18	4	3	.75	17	16	.94
bia	19	16.5	15	.91	54.7	44	.80
ord	20	11	12	1.09	36.7	33	.89
berland	21	28	12	.43	88.9	70	.78
phin	22	117.9	62	.53	201.9	210	1.0
aware	23	139.9	74	.53	343.9	229	.66
eron/Elk	12/24	5.4	3	.56	33.4	33	.97
e	25	59	36	.56	169.1	166	.98
ette	26	13.9	6	.43	48	39	.81
est****	27	0	0	0	0	1	0
nklin	28	24	20	.83	60.2	56	.93
ton	29	1	2	2.00	2.1	2	.95
ene	30	4.9	3	.61	14.2	11	.77
tingdon	31	9.8	4	.41	17.8	16	.89
iana	32	14.7	6	.41	34.1	31	.90
ferson	33	9.8	13	1.33	24.1	23	.95
kawanna	35	36	20	.56	103.4	83	.80
caster	36	89.6	52	.58	276.1	218	.78
rence	37	6.4	4	.66	22.7	21	.92
anon	38	19.8	16	.80	64.3	55	.85
igh	39	90.7	55	.61	201.7	127	.62
erne	40	66.9	38	.57	196.5	171	.87
oming	41	28.6	37	1.29	93	80	.86
ean	42	4	2	.50	14.5	12	.82
er	43	23.6	15	.64	53.6	47	.87
flin/Juniata**	44/34	14.5	7	.48	35.5	28	.87
me	45	14.9	7	.47	40.9	31	.73
nery	46	326.8	164	.50	675.8	448	.66
our	47	17.6	9	.51	59.6	46	.77
thampton	48	40	24	.60	88.6	50	.56